

**TENNESSEE DEPARTMENT OF HEALTH**  
**TENNESSEE SCHOOL IMMUNIZATION CERTIFICATE**  
 This form and any attachments must be filed in the child's health record.



**I. IDENTIFYING INFORMATION:**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 (First) (Middle) (Last)  
 Parent/Guardian's Name \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

**II. REQUIRED IMMUNIZATIONS:** Children entering school (K-12) must have the following immunizations or an appropriately documented exemption:

VACCINE	DOSES	COMMENT
DTP/DTaP/DT/Td	4 or 5	A 5 <sup>th</sup> dose is not required if the 4 <sup>th</sup> dose is given after the 4 <sup>th</sup> birthday. Only 3 doses are needed if DT or Td must be used and the first dose is given after 12 months of age.
Polio	3 or 4	If the 3 <sup>rd</sup> dose is given after age 4, the 4 <sup>th</sup> dose is not required. If the child has received both OPV and IPV, a total of 4 doses are needed regardless of age.
Hepatitis B	2 or 3	Required for Kindergarten entry (3 doses) and 7 <sup>th</sup> grade. For adolescents, a 2-dose vaccine preparation is available.
MMR	2	Required on or after the 1 <sup>st</sup> birthday; first dose may be given no earlier than 4 days before the 1 <sup>st</sup> birthday.
Varicella (Chickenpox)	1	For Kindergarten entry only. Required on or after the 1 <sup>st</sup> birthday; may be given no earlier than 4 days before the 1 <sup>st</sup> birthday. Parental or physician diagnosis of chickenpox also meets requirement.

**III. CURRENT IMMUNIZATION RECORD: (If completing manually, record the date [MM/DD/YY] of each dose.)**

Vaccine	First	Second	Third	Fourth	Fifth
DTP/DTaP/DT/Td					
Polio (OPV/IPV)					
Hepatitis B					
Measles/Mumps/ Rubella (MMR)					
Varicella (Chickenpox)			Or date of chickenpox disease:		

Check here if a 2-dose hepatitis B vaccine schedule for adolescents was used: \_\_\_\_

**IV. IMMUNIZATION CERTIFICATIONS:**

**A. Immunization:** This child has received the immunizations required for school attendance or has been granted a medical exemption.  
 Check here if a medical exemption is granted: \_\_\_\_

\_\_\_\_\_  
 Medical Provider's Name (Please Print) Medical Provider's Stamp or Signature Date

**B. Religious Exemption:** This child is exempt from receiving required immunizations for religious reasons. A signed statement from the parents stating, under penalty of perjury, that immunization conflicts with their religious tenets and practices is attached.  
 Check here if religious exemption selected: \_\_\_\_

**V. Health Examination:** Required for children initially entering Tennessee schools in grades K-12. This child has been examined.  
 Check if needed: Dental Screening \_\_\_\_ Vision Screening \_\_\_\_

\_\_\_\_\_  
 Medical Provider's Name (Please Print) Medical Provider's Stamp or Signature Date